PTO/SB/08 (12-04)

Approved for use through 7/31/2006, CMB 0651-0032 U.S. Pateril and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Pepsiwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Doctor Humbe Substitute for Form PTO-875 Effective December 8, 2004 APPLICATION AS FILED - PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FLED NUMBER EXTRA RATE (1) FEE (1) RATE (\$) BASIC FEE FEE (\$) (37 CFR 1.16(e), (b), or (c)) NA NA NA 150.00 N/A 300.00 BEARCH FEE N/A NA (37 CFR 1 16(1), (1), or (m)) N/A \$250 NA \$500 **EXAMINATION FEE** : 1 N/A (3) CFR 1.16(d. (p), or (q)) NA \$100 NIA \$200 TOTAL CLAMS D7 OFR 1.16(II) X\$ 25 . minus 20 = X\$50 OR INDEPENDENT CLAIMS (37 CFR 1.16(N) X100 minus 3 e X200 If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due Is \$250 (\$125 for small entity) for each (37 OPR 1.16(4)) · jejos · · additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(I)) +180= +360= \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II (Column 1) OTHER THAN (Column 2) (Column 3) OR SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADDI-RATE (\$) **AFTER** -ADOI-PREVIOUSLY **EXTRA** TIONAL AMENDMENT PAID FOR TIONAL FEE (\$) FEE (1) Minus X\$ 25 X\$50 ÓR Independent (37 CFR 1, 18(h)) Minus. X100 X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.160) +180= +360= OR TOTAL TOTAL ADD'L FEE OR ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING 8 NUMBER PRESENT RATE (\$) ADDI-RATE (\$) AFTER PREVIOUSLY EXTRA ADDI-AMENDMENT AMENDMENT TIONAL TIONAL PAID FOR FEE (\$) Total (D) CFR 1.16(1)) FEE (1) Minus. X\$ 25 X\$50 OR Endependent (D7 CFR 1.10),p Minus X100-X200 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,160) +180= +360= OR TOTAL TOTAL OŘ ADD'L FEE ADD'L FEE • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20". If the Highest Number Previously Paid For IN THIS SPACE is less than 3; enter "3" The Tilghest Number Previously Peld For (Total or Independent) is the highest number found in the appropriate box in column 1